

Marion County

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Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

- Like all of Iowa, Marion County's obesity rate is high. According to the County Health Rankings, Adult obesity rating for Marion County is 28%, the same as Iowa's rate. According to the MMWR (August 3, 2010), women in Iowa with less than high school graduate have the highest levels of self reported obesity (36.4%), high school graduate (29.5%) and college graduates have the least (18.6%).
- Diagnosis of diabetes in Marion County has increased significantly over the past 5 years. According to vital statistics (www.idph.state.is.us/apl/common/pdf/health_statistics/vital_stats). There has been an increase in diabetes diagnosis from 8% in 2005 to 17% in 2009. The mortality rate for diabetes mellitus for Marion County is 27.1, as compared to the state rate of 25.1 for the years 2002-2006.
- Marion County has a higher than the state rate for cancer mortality. This was true in the cases of the following types of cancer: Prostate, Lung, breast, Colorectal, Non-Hodgkins Lymphoma, and Skin Melanoma. In most of these types of cancer, it should be noted that the incidence rate was below the state rate. This indicates a need for earlier participation in screening programs.
- The mortality rate of 267.1 in Marion County for heart disease is higher than the state rate of 257.3.
- Mortality from chronic liver disease and cirrhosis for the years 2002-2006 in Marion County is 8, whereas the rate for the state of Iowa is 6.7.

Prevent Injuries

Problems/Needs:

- The overall motor vehicle mortality rate for Marion County from 2002-2006 is 14.2, which is higher than the state rate of 12.5-12.6. The rate for ages 0-14 is not high enough to measure. The rate for ages 15-19 is significantly higher than the state rate, at 38.3 for Marion County and 22 for the state of Iowa. This demonstrates a need to focus on prevention measures for young and inexperienced drivers during high risk years.
- Mortality from falls in Marion County of 14.2 is higher than the state rate of 9.9.
- The rate of 3.1 for poisonings in Marion County is higher than the state rate of 2.8 per 100,000 during the 2002-2006 timeframe. Locally identified need: Education in child care settings regarding health and safety, including safety issues specific to babies and young children in the group setting.

Protect Against Environmental Hazards

Problems/Needs:

- Locally identified need/Food Safety: Food safety training is not readily available. A regular schedule of food safety training would be helpful to local licensed establishments.
- Locally identified need/Food Safety: Inspection of local food establishments are not completed according to the timetables set forth in the food code.
- Locally identified Need Food Safety: Inspections of temporary/mobile food establishments is not consistently completed. Inspectors are not consistent, and do not always know what community activities are occurring that would require temporary/mobile vender licensure.
- Locally Identified Need: Marion County has over 100 unincorporated housing developments. Septic systems in some of the unincorporated areas are not adequate for entire groups of homes. This results at times in raw sewage in ground water.
- Locally Identified Need: Evidence from the environmental health office indicates that many septic systems are not properly cared for. Through anecdotal stories, it is clear that many people do not know how to take care of the septic system properly.
- Locally identified need: Local swimming pools, spas, tattoo, and tanning have had high rates of deficiencies during annual inspections with new provider and stronger enforcement of current Iowa Code.
- Marion County ordinances continue to be updated, however, a comprehensive policy and procedure manual for all environmental health services provided has not been completed or approved.
- Open burning/open dumping are creating potential health hazards via long term effects to air quality for those with respiratory issues, and water quality issues to our recreational waters, drinking supply water, etc.

Prevent Epidemics and the Spread of Disease

Problems/Needs:

- The rate of mortality for influenza and pneumonia in Marion County (38.9) is higher than the state rate of 30.7. The vaccine is plentiful, and there are many sources of access, including physician offices, hospitals, home care agencies, pharmacies, Hy-Vee, and Wal-Mart. Large employers also provide the immunization through their health services departments. Vaccine is available at the free clinic. People need to want the vaccine, and unless it is a novel influenza, or there is a shortage, the general population tends to be less eager to get it.
- Infectious/parasitic mortality for Marion County for the years 2002-2006 is 15.4, as compared to the state rate of 12.9-13. Locally Identified Need: Local physician clinics do not participate in the VFC program, resulting problems with gaining compliance on the catch up schedule.
- Locally Identified Need: The rate of fully Immunized adolescents is very low due to adolescent immunizations are not mandatory.
- There is no consistent program regarding hand washing and cough etiquette that is ongoing in the community. It seems to only occur during outbreaks.

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

- While each entity has gotten to know one another through local planning operations, there continues to be turn over in the roles in the community partners, thus, making it difficult for all to maintain the relationships and understanding of each partner's response capabilities.
- Marion County does not have a location that is available and properly equipped for long term sheltering. There has been no sheltering planning done in Marion County, other than stop gap planning by Public Health and Emergency management. Sheltering is under the responsibility of Department of Human Services. DHS is challenged to serve the community well with their daily tasks, let alone the tasks that are not part of their daily work. DHS is not in the community, so when people need something, they call the health department or EMA.

Strengthen the Public Health Infrastructure

Problems/Needs:

- There continues to be high unemployment, and there continues to be layoffs in the county due to the economic down turn. Transportation is available to some in the community, however, even with the new Medicaid system, there are certain segments of the population that do not have access. It is limited in availability. Cost of local transportation services is varied. Medicaid is not billed, other than elder waiver.
- Access to care is slowed or blocked by systemic issues within the reorganized Department of Human Services. Submissions need to be resubmitted, DHS staff has not been responsive, etc. Approvals for elderly waiver used to be available in approximately one week; after the re-organization it is taking up to 3 months. There is an increased need for staff time to fill the gap left from people who need services from DHS. They are coming to the health department for assistance. Our staff is doing eligibility work, not reimbursed, that used to be done by DHS.
- Marion County Public Health Department needs to be prepared to gain accreditation.
- Locally identified need: Access to mental health services on a timely basis. There is frequently a wait for people who are in need of psychiatric services of 6 weeks or more.
- Locally identified need: Access to mental health services for uninsured/underinsured. Marion County PHD has begun regular screening of young mothers for depression. Most cases seen are identified after 6 weeks, which is after their Medicaid for maternity is done. Once identified, it is very difficult to get those with acute needs (i.e.: active suicide plan) seen at the time it is needed. Often, the person is taken to the local hospital, who is not adequately equipped to deal with these situations.
- Locally identified need: Access to acute mental health services, i.e.: Evaluation. Hospital must call to find bed availability. Bed availability may be very long distances (i.e.: Mount Pleasant or further). This is a barrier to get there, as well as problematic for young, single moms with small children.
- Locally identified need: There is a lack of case management/medication management available to non-Medicaid people with mental

health needs. These people are often unable to manage their own medications, sometimes unable to comply with requirements of home safety, at times unwilling to accept higher level of maintenance care, and unable to access and navigate the mental health system.

Community Health Improvement Plan

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease the obesity rate in persons with less than college education by 5% by 2016 through the development and implementation of a healthy lifestyles program in the community.	If funding can be secured , as part of a healthy lifestyles curriculum, nutrition, cooking, and shopping classes will be developed and initiated in Marion County.	WIC staff, Nest Staff	FY 2012 development, FY 2013 implementation
	As part of a healthy lifestyles curriculum, health and wellness educational and accountability sessions will be developed and initiated in Marion County.	Designated Public Health Staff	FY 2012 development, FY 2013 implementation
	Develop a culture of wellness inside the public health department through development and implementation of policies that encourage healthy lifestyles.	Director	FY 2012
	Pilot wellness programming with intent to decrease health care costs to the county inside the health department.	Designated PHD staff	FY 2012 Planning, FY 2013 Implementation

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease the mortality rate from heart disease by 5% by 2016.	When funding can be secured, develop and carry out a healthy lifestyles curriculum for community participation.	MCPHD Wellness Staff	FY 2012 Development, FY 2013 Implementation
	Offer CPR trainings for general community members at least twice per year. This will be in addition to any that are provided to those who have a requirement for their work, i.e.: sheriff's department, health care, etc.	CPR Staff/ MCPHD	Quarterly as scheduled
	When funding can be secured, continue to provide tobacco prevention activities in Marion County.		

Goal	Strategies	Who is responsible?	When? (Timeline)
By 2016, the cancer mortality rates will be brought down to at least the state's cancer rates for the following types of cancer: prostate, lung, breast, colorectal, and skin melanoma.	Develop and carry out prevention, education, and/or early screening activities as they relate to at least the following types of cancer: Prostate, Lung, breast, Colorectal, and Skin Melanoma.	Nursing, Environmental Health	by 2016

Goal	Strategies	Who is responsible?	When? (Timeline)
By July 1, 2012, Marion County Environmental Health will develop a long term plan addressing priority problem areas with wastewater issues in the county.	Complete needs assessment based on current data	EH Program Manager	December 2011
	Identify high needs areas. Prioritize them in order of urgency to protect ground water.	EH Program Manager	December 2011
	Identify list of potential solutions to the problem areas.	EH Program Manager	December 2011
	Identify barriers to achieving compliance in these areas.	EH Program Manager	December 2011

Goal	Strategies	Who is responsible?	When? (Timeline)
Assure that the food inspectors are aware of the community activities that may require vendors to have temporary/mobile licenses.	A comprehensive list of community events which would likely have vendors that may require temporary/mobile licenses will be collected and provided to the Department of Inspections and Appeals on an annual basis.	MCPHD staff, with cc to EH Program Manager.	Annually

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease the incidence of diabetes by 5 % by 2016.	As part of a healthy lifestyles curriculum, nutrition, cooking, and shopping classes will be developed and initiated in Marion County.	WIC staff, Nest Staff	FY 2012 development, FY 2013 implementation
	As part of a healthy lifestyles program, health and wellness educational and accountability sessions will be developed and initiated for any resident in Marion County.	Designated Public Health Staff	FY 2012 development, FY 2013 implementation
	Develop a culture of wellness in the community by providing opportunities to learn and practice healthy lifestyles.	MCPHD Wellness staff, community partners	FY 2012 development, FY 2013 implementation
Local public health/environmental health will become involved in the education of food safety at the local level.	MC Board of Health will request report data from Iowa Department of Inspections and Appeals regarding inspections of licensed establishments.	EH Program Manager	Annually
	MCPHD will host training for licensed food establishments on an annual basis.	EH Program Manager	Annually
	MCPHD will host a training for temporary food vendors, Farmers Market, and private non-profit organizations once per year.	EH Program manager	Annually
	MCPHD will communicate concerns regarding food safety in licensed establishments in the county to the regulatory body, DIA.	EH Program Manager, Sanitarian, or PH Director	Ongoing

Goal	Strategies	Who is responsible?	When? (Timeline)
Marion County EH will be prepared for accreditation by July 2013.	Marion County EH, as part of preparation for anticipated upcoming accreditation, will complete policies and procedures for all required environmental health care services.	EH Program Manager	By July 1, 2013.
Short term (up to 48 hours) sheltering for citizens of Marion County during short term hazards, i.e., ice storms, will be made available.	Develop the plans, policies, and procedures for the public health building to be used to provide emergency sheltering on a short term basis, for a small number of people when deemed necessary by EMA & PH Director. This would include situations like power outages during ice storm for individuals who are oxygen dependent with no other options.	EMA/PH Director	Policies, procedures and guidelines will be established by October 2011.

Goal	Strategies	Who is responsible?	When? (Timeline)
Marion County PHD will be prepared to meet accreditation requirements by July, 2013.	Evaluate policies and procedures against public health standards.	Director and Management Team	2011
	Make improvements and adjustments to policies and procedures.	Director and Management Team	2012
	Assure that documentation and evidence is complete and available for review	Director and Management Team	2013
	Develop and carry out a performance management system for all areas of MCPHD.	Director and Management Team	Implementation and testing by May, 2012.

Goal	Strategies	Who is responsible?	When? (Timeline)
Community septic system training	Develop and provide training to educate citizens on proper use and care of septic systems.	EH	Annually